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27417 7590 08/13/2003

FINGER WORKS, INC.
798 TAYLORS BRIDGE ROAD
TOWNSEND, DE 19734



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Wayne Westerman	(Depositor's name)
Wayne Westerman	(Signature)
Nov 13, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/681,146	01/28/2001	Wayne Carl Westerman	FWPA3	2627

TITLE OF INVENTION: SYSTEM AND METHOD FOR RECOGNIZING TOUCH TYPING UNDER LIMITED TACTILE FEEDBACK CONDITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/13/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
OSORIO, RICARDO	2673	345-168000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Finger Works, Inc.

Townsend, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☐ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies _____☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Wayne Westerman

11/3/2003

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